



Notes on the Psychiatric Division, Medical Office

The Medical Office currently has responsibility for establishing, maintaining and developing a psychiatric program. This program includes the functions of prevention, consultation, treatment and research. The Chief of the Medical Office has stated that the Agency's previous Director issued oral instructions requiring the Psychiatric Division to exercise definitive judgment over the emotional suitability of those entering on duty, those on duty, and those going overseas.

The present case load of this element consists largely of cases emanating from:

a. The Medical Office

b. The Personnel Office -

Personnel Relations Branch (Overt and Covert)

c. The Office of Training -

Assessment and Evaluation Staff

d. The Inspection and Security Office

The Medical case load is made up of cases resulting from pre-employment, entrance on duty, annual, and overseas physicals. It is estimated approximately 10% of those employees examined will have their file sent to a psychiatrist for review. This does not necessarily indicate that a personal interview with the employee concerned will result.

Pre-employment cases are referred by the Security Office in those cases in which the file may indicate a history of psychiatric treatment, or when allegations are made against employees on duty where a security hazard may be involved. Cases are also received from the Personnel Office involving suspected emotional disturbances.

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The Chief of the Psychiatric Division considers present coverage of personnel already aboard as incomplete. Consideration is being given to expanding pre-employment testing to detect maladjustment as well as a more complete program for personnel considered for overseas duty.

It is planned to develop a battery of tests of the inventory and projective type. In specialized cases general intelligence tests will be given. These will be administered by psychologists assigned to the Psychiatric Division. The Assessment and Evaluation Staff is now used for the purpose and will continue to be until the Psychiatric Division is staffed to carry on its own testing. If not carefully coordinated there is a possibility of duplication in this activity.

Although no psychiatrists are now assigned overseas, it is planned to have at least one in [redacted] to advise the senior representatives and the medical staffs on psychiatric matters and to screen indigenous personnel, including deflectors.

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